



## PART B - FEE(S) TRANSMITTAL

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04/29/2011

Klarquist Sparkman, LLP  
121 SW Salmon Street  
Suite 1600  
Portland, OR 97204

05/18/2011 CCHAU2 00000011 041529 10562309

01 FC:1501 1510.00 DA  
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Michele Lyons (Depositor's name)  
*Michele Lyons* (Signature)  
May 17, 2011 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/562,309	05/24/2007	Catherine Anderson	7896-72616-02	9426

TITLE OF INVENTION: GENERATION OF PLANTS WITH IMPROVED DROUGHT TOLERANCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	07/29/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
BUI, PHUONG T	1638	800-295000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jarett K. Abramson

2 KLARQUIST SPARKMAN LLP

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Dow AgroSciences LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Indianapolis IN USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 041529 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jarett K. Abramson

Date 5-16-11

Typed or printed name Jarett K. Abramson

Registration No. 47,376

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